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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS	
1. County <u>Maricopa</u>	District _____	State Index - - No. <u>172</u>	County Registrar's No. _____
Town or City <u>Phoenix</u>	No. <u>Arizona State Hospital</u>	Local Registrar's - No. <u>162</u>	St. _____ Ward _____
2. FULL NAME <u>Florence Mead</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence. No. _____		(If nonresident, give city or town and State)	
(Usual place of abode)		Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Married</u> (write the word)	
5a. If married, widowed, or divorced <u>HUSBAND of</u> <u>C. F. Mead</u> <u>(or) WIFE of</u>			
6. DATE OF BIRTH (month, day and year)			
7. AGE	Years <u>31</u>	Months _____	Days _____
IF LESS than 1 day _____ hrs. or _____ min.			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer			
9. BIRTHPLACE (city or town) <u>New Mexico</u> (State or country)			
10. NAME OF FATHER			
11. BIRTHPLACE OF FATHER (city or town) <u>Texas</u> (State or country)			
12. MAIDEN NAME OF MOTHER			
13. BIRTHPLACE OF MOTHER (city or town) <u>Texas</u> (State or country)			
14. Informant <u>Hospital Records</u> (Address)			
15. Filed _____, 19 <u>Lillian E. Robinson</u> Registrar			
V. S. No. 1			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>May 7 1926</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>Aug 23</u> , 19 <u>23</u> to <u>May 7</u> , 19 <u>26</u> , that I last saw her alive on <u>May 7</u> , 19 <u>26</u> , and that death occurred, on the date stated above, at <u>8:55 P. M.</u> The CAUSE OF DEATH* was as follows: <u>Influenza</u>			
(duration) _____ yrs. <u>7</u> mos. <u>7</u> ds.			
CONTRIBUTORY <u>Acute endocarditis</u> (Secondary) (duration) _____ yrs. _____ mos. <u>14</u> ds.			
18. When was disease contracted if not at place of death?			
Did an operation precede death? _____ Date of _____			
Was there an autopsy? _____			
What test confirmed diagnosis?			
(Signed) <u>N. L. Johnson</u> , M. D. 19 (Address) <u>Phoenix - Ariz.</u>			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Asylum Cemetery</u>		DATE OF BURIAL <u>5-15 1926</u>	
20. UNDERTAKER <u>A. H. Mc Lellan</u>		ADDRESS <u>Phoenix</u>	